

Work Order ID 102533 - 1

Wednesday, May 29, 2013 12:46:08 PM

102533

Page 1

Item ID: D3687-1

Revision ID:

Item Name: Mount

Start Date: 5/29/2013 Start Qty: 7.00

Required Date: 6/28/2013 Req'd Qty: 7.00

Reference:

Split
8
7
7
7

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

Customer:

Approvals:

Process Plan: *CX*

Date: *13/05/29* Tooling:

Date:

QC:

Date: SPC (Y/N):

Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D3687

Rev D

105

0.00

105

Outsource5

Outsource process - Machining

Memo

Issue P/O: *19864*
Machine as per Dwg D3687
Possible Supplier: Globus Precision
Conformity sheet required

0.00

CX 13/05/31

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Packaging

Memo

Ensure certificate of conformity is attached

0.00

13/14/3 (8)

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Quality Control

Memo

INSPECT HOLE ALIGNMENT USING DT9707 JIG

0.00

88-6
12
SVD

13/12/16

7
P10

NCR: Yes / No

ST 284-

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Aut Date: 14/05/10QA Closed: Aut Date: 13/12/27

Work Order: <u>102533</u>	DISPOSITION Rework <input checked="" type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. <u>03687-1</u>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. <u>13-3387</u>		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input checked="" type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	<u>13/12/05</u>	<u>105</u>	<u>1</u>	part found at inspection that one hole was not drill properly RC operator error QTY ①	DAS 27 9-89 DAS 16 9-89 Q52047 14/12/05	send back to supplier to fix drill hole 673.70	DAS 27 9-89 DAS 16 9-89 14/05/10	DAS 27 9-89 DAS 16 9-89 14/05/10 Q52047	DAS 27 9-89 DAS 16 9-89 14/05/10 Q52047
Equip/Tooling									
Operator <input checked="" type="checkbox"/>									
Material									
Setup									
Other									
Process <input checked="" type="checkbox"/>									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalizer
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

Work Order ID 102533

Wednesday, May 29, 2013 12:46:08 PM

102533

Page 2

Item ID: D3687-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Mount
 Start Date: 5/29/2013 Start Qty: 7.00 *7* Cust Item ID:
 Required Date: 6/28/2013 Req'd Qty: 7.00 *7* Customer:
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
124		0.00							
124									
Purchasing	Memo	0.00							
Purchasing	Issue P/O FOR LIQUID PENETRATION P/O #: 22343								
	Certificate of conformity is required								
125	Receive & Inspect for Damage & Mat'l Certs	0.00							
125									
Packaging	Memo	0.00							
Packaging	ENSURE NDT RESULT IS ATTACH								
127	QC6- Inspect dimensions to drawing	0.00							
127									
QC	Memo	0.00							
Quality Control	DIMENSIONAL CHECK, ENSURE THAT BOLT HOLES ARE CORRECT SIZE								

CL 13/12/11 (7)

13/12/12 (7)

DAS
27
1-89
13/12/16

7

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 102533

Wednesday, May 29, 2013 12:46:08 PM

102533

Page 3

Item ID: D3687-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Mount

Start Date: 5/29/2013 Start Qty: 7.00 *7*

Cust Item ID:

Required Date: 6/28/2013 Req'd Qty: 7.00 *7*

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
E30	Identify as per dwg & Stock Location: _____	0.00							
130						DAS 32 9-89	13/12/16		⑦
Packaging	Memo	0.00							
Packaging									
E40	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

H/Rm 13/12/18

MF 13-12-18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS					
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>		
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

Picklist Print

Monday, December 02, 2013 1:32:00 PM

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Work Order ID: 102533

Parent Item: D3687-1

Parent Item Name: Mount

Start Date: 5/29/2013

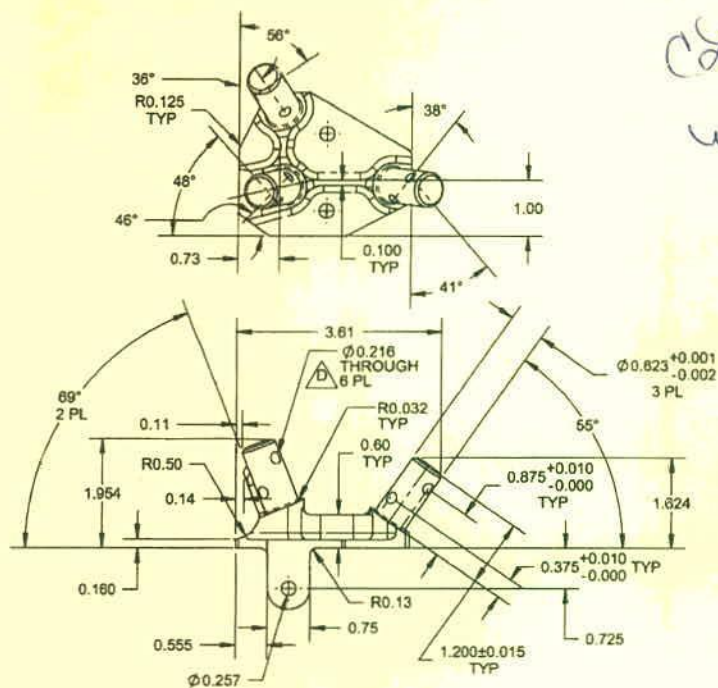
Required Date: 6/28/2013

Start Qty: 7.00

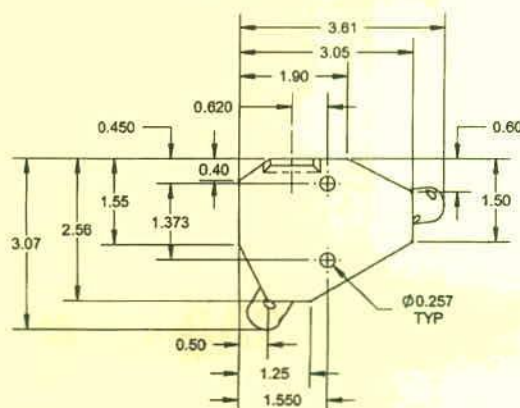
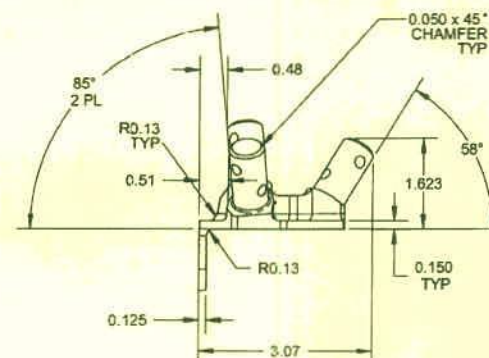
Required Qty: 7.00

Comments: IPP Rev:A New Issue 08-01-15 JLM Verified By:EC
 IPP Rev:B Added Contion H-900 JLM Verified By:DD IPP REV C: ADDED QC6
 10.09.09 JLM VERIFIED BY DD
 IPP REV D:ADDED DT9707 INSPECTION JIG 11-01-05 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M174PH- H900B3.937X4.750 17-4SS Bar H900-3.937x4.750		Purchased	No				f	9.6667		2.33331		CL 13/05/29	
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				MAT049		9.66669							
				m126220		4							
				m126352		5.66669							
D3687-1P Mount		Purchased	No			105	Each	0.0000	1			78 13/14/30	



CX13/05/29
W101102533



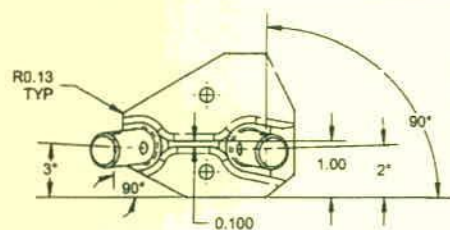
D3687-1 MOUNT

- NOTES:
 1) MATERIAL: 17-4PH SS BAR PER AMS 5643, H-900 CONDITION
 2) FINISH: NONE
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 6) IDENTIFICATION: NONE
 7) WEIGHT: 0.81 lb
 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

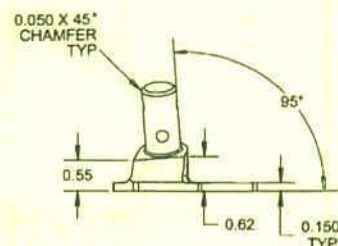
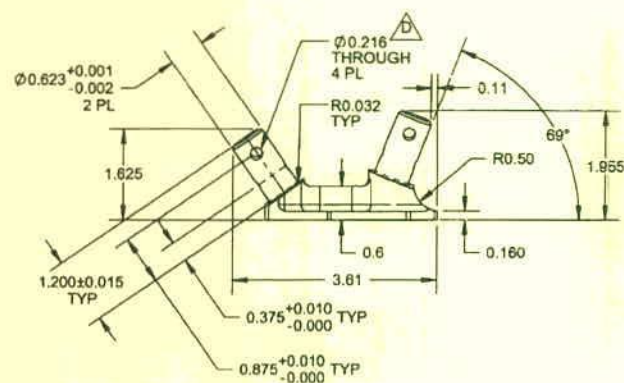
D	PILOT HOLE Ø0.216 WAS Ø0.189 (ZN C7-1, C6-2) REF NCR12-2074	DB	12.12.05
C	0.555 WAS 0.50 (ZN B6-1); 1.373 WAS 1.375 (ZN A6-1, A6-2); ADD 0.620 (ZN B7-1) PER NCR09-084; UPDATE NOTE 8 TO REF QSI (ZN A6-1, B3-2); Ø0.257 WAS Ø0.250 (ZN A6-1, B7-1, B7-2)	RF	09.08.26
B	CHANGE TO 17-4PH H-900 (ZN A6-1 & B3-2); R0.032 WAS R0.015 (ZN C7-1 & C7-2); REFORMATTED TO CURRENT DWG STANDARDS	RF	08.11.24
A	NEW ISSUE	RF	08.03.12
REV	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DB		
CHECKED	MB	DRAWING NO.	REV. D
MFG. APPR.	JLM	D3687	SHEET 1 OF 2
APPROVED		TITLE	SCALE
DE APPR.		MOUNT	NTS
DATE	12.12.05	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS UNCLASSIFIED AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR IN CONNECTION WITH ANY OTHER PROJECT WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

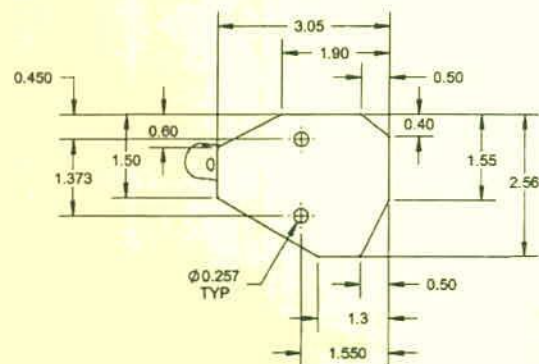
D



C



B



D3687-3 MOUNT

- NOTES:
 1) MATERIAL: 17-4PH SS BAR PER AMS 5643, H-900 CONDITION
 2) FINISH: NONE
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 6) IDENTIFICATION: NONE
 7) WEIGHT: 0.64 lb
 8) LPI PER QSI 038 4.1.1 (ASTM E1417 LEVEL 2)

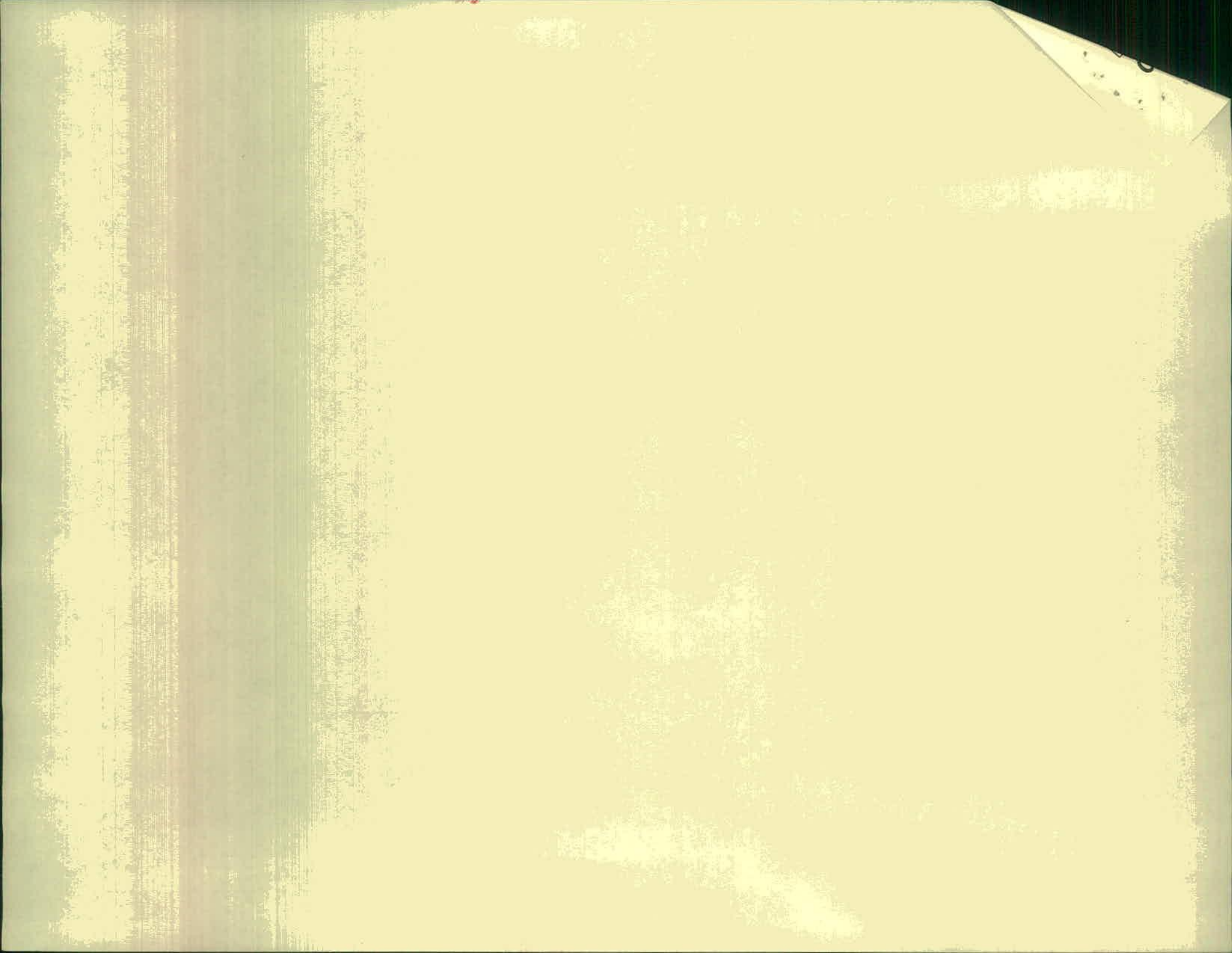
RELEASED
 2013-01-22

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	DB	HAWKESBURY, ONTARIO, CANADA	
CHECKED	MB	DRAWING NO.	REV. D
MFG. APPR.	JLM	D3687	SHEET 2 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	MOUNT	NTS
DATE	12.12.05	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS UNCLASSIFIED AND IS AVAILABLE TO THE PUBLIC UNLESS OTHERWISE NOTED UNLESS OTHERWISE INDICATED OTHERWISE	

8 7 6 5 4 3 2 1

A

[illegible]





2228 Gladwin Cres.
Ottawa, Ont.
K1B 4S6

Telephone (613) 899-2405
Fax (613) 226-1719

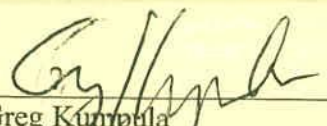
Certificate of Compliance

To:
Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury Ont.
K6A 1K7

26 November 2013

Po Number	Part Number	Quantities
19864	D3687-1P	8

It is hereby certified that all articles mentioned above are in conformance with the requirements, specification and drawings as listed on customer purchase order number, 19864 issued by Dart Aerospace Inc.



Greg Kumpula
Quality Inspector
Archer Precision Inc.
2228 Gladwin Cress.
Ottawa, Ontario
K1B 4S6

**skyservice****Work Order Traveler**
Sky Service F.B.O. Inc.

Page: 1 of 1

DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

WO #: MWO19244	Customer: Dart Aerospace Ltd.	Dept: NDT YUL	Reference: 22343
Descr:	PN:	S/N:	Qty: 1
Make:	Model:	Reg:	A/C S/N:
TSN: 0	CSN: 0	TSO: 0	
Task: UNSCHEDULED			Sequence: 1

Work Required:

CARRY OUT NDT (LIQUID PENETRANT) ON THE FOLLOWING 13 CROSSTUBES AND 18 BRACKETS:

ID# D212-664-247 AFT CROSSTUBES LOW STANDARD:

- 1 - WORK ORDER ID 93944
- 2 - WORK ORDER ID 109315
- 3 - WORK ORDER ID 107383
- 4 - WORK ORDER ID 109314
- 5 - WORK ORDER ID 96730
- 6 - WORK ORDER ID 108898
- 7 - WORK ORDER ID 96728
- 8 - WORK ORDER ID 108899

ID# D212-664-201 AFT CROSSTUBES HIGH:

- 9 - WORK ORDER ID 109316
- 10 - WORK ORDER ID 109320
- 11 - WORK ORDER ID 109317
- 12 - WORK ORDER ID 109318
- 13 - WORK ORDER ID 109319

ID# D3687-3 MOUNT

- 14 - WORK ORDER ID 109812

ID# D3687-1 MOUNT

- 15 - WORK ORDER ID 102533

Action Taken:	Date:	Initial/Stamp:				
LIQUID PENETRANT INSPECTION CARRIED OUT ON ITEMS LISTED ABOVE (ITEMS 1-9) AS PER ASTM1417M-13	DEC 10 2013	<div>DOT APP 177 53-89</div> 				
CRACK FOUND ON ONE MOUNT ITEM ID: D3687-3						
REMAINING ITEMS NO CRACK FOUND						
Pen: ZL-56 BATCH# 09H094 EXP. DATE: AUG 2014, DEV: SKD-S2 EXP. DATE: OCT2017 CLEANER: SKC-S EXP. DATE: APR 2018						
Description	Location	P/N	Qty	Batch	S/N Off	S/N On

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

Signature:		ACA/SCA Stamp	Date:
Name:		<div>DOT APP 177 53-89</div>	DEC 10 2013

